

[Your Clinic/Hospital Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder - Outstanding Medical Balance

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance on your account for medical services provided on [Date of Service].

According to our records, your current balance is: **[\$Amount Due]**

This balance is now [Number of Days] days past due. If you have already sent your payment, please disregard this notice. If not, please submit your payment by [Due Date] using one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please send a check or money order to the address listed above.

If you are experiencing financial hardship or have questions regarding this statement, please contact our billing office at [Phone Number] so we can discuss payment plan options.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Clinic/Hospital Name]